

RGEN_ID_SEQ# 211532

BOARD OF PAARP

LICENSE NUMBER 10

☒ REGISTERED WITH MT SEC OF STATE

NAME OF APPLICANT BUILDING BRIDGES, INC.

DATE RECEIVED 6/26/2008 DATE APPLICATION EXPIRES

Other Names Known As or DBA:

APPLICATION

☐ COMPLETED APPLICATION ☒ FEES RECEIVED

- | | |
|---|--|
| <input type="checkbox"/> REGISTRATION FEE - 0-10 \$500.00 | <input type="checkbox"/> LICENSE FEE - 0-10 \$260.00 |
| <input checked="" type="checkbox"/> REGISTRATION FEE - 11-50 \$3,000.00 | <input checked="" type="checkbox"/> LICENSE FEE - 11-50 \$800.00 |
| <input type="checkbox"/> REGISTRATION FEE - 51-100 \$6,000.00 | <input type="checkbox"/> LICENSE FEE - 51-100 \$1,600.00 |
| <input type="checkbox"/> REGISTRATION FEE - 101 + \$9,000.00 | <input type="checkbox"/> LICENSE FEE - 101 + \$2,400.00 |

☒ OWNERS LISTED ☒ EMPLOYEES LISTED ☒ PLAN OF OPERATION INCLUDED

ACCREDITING ENTITY NATSAP

OTHER REQUIREMENTS

☒ PERSON IN CHARGE ☐ Background Check
KURTIS FAIRBANK 1205-LAC 6/30/09

LICENSE HISTORY

☐ LICENSE VERIFICATION RECEIVED LIST STATE OR STATES LICENSED

LEGAL ACTION

☐ STATE DISCIPLINARY ACTION ☐ MISCELLANEOUS COURT DOCUMENTS OTHER
#13 (a) "yes" (b) "yes" Steve Fairbank

PERSONNEL INFORMATION

☐ PERSONAL HEALTH ISSUES ☒ IMPAIRMENT ISSUES OTHER
Steve Fairbank 407-LAC 6/30/08

CORRESPONDENCE

☐ BOARD LETTERS TO APPLICANT

DATE COMPLETE DATE GIVEN TO PM APPLICATION REVIEWED BY INITIALS AND DATE
APPLICATION REVIEWED BY BOARD APPROVAL AND DATE

APPROVED

INITIALS AND DATE

☐ DATA COMPLETED IN COMPUTER

WALL CERTIFICATE AND LICENSE SENT



**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL OR
OUTDOOR PROGRAMS**
(301 S PARK, 4TH FLOOR - Delivery)
PO Box 200513
Helena, Montana 59620-0513

PHONE (406) 841-2392 or (406) 841-2369 FAX (406) 841-2305
EMAIL: dlibsdpap@mt.gov WEBSITE: <http://www.paarp.mt.gov>

RECEIVED
DEPT. OF LABOR & INDUSTRY
BUSINESS STANDARDS DIVISION

JUN 25 2008

CHECK NO. 2633
AMOUNT \$380.00

1750

☒ PROVISIONAL & LICENSING REGISTRATION (Include copies of all requested documentation)

AVERAGE DAILY CENSUS:

☐ 0-10 Participants ☒ 11-50 Participants ☐ 51-100 Participants ☐ 101+ Participants

1. BUSINESS ENTITY: ☐ Sole Proprietorship ☐ Partnership ☐ Other _____
☐ Limited Liability ☒ Professional Corporation ☐ Non-Professional Corporation

2. BUSINESS STATUS: ☐ Non-Profit ☒ For Profit ☐ In-State ☐ Out-of-State

If the Business is Incorporated out-of-state, list the state of Incorporation Montana

Please provide the address of your Corporate Headquarters PO Box 1310, 100
Graves Creek Rd, Thompson Falls, MT 59873

3. DATE BUSINESS ESTABLISHED Sept. 1996 Registered in Montana with the Secretary of State? ☒ Yes ☐ No
4. BUSINESS ENTITY NAME Building Bridges, Inc.
5. FEDERAL TAX ID # [REDACTED] OR SOCIAL SECURITY # _____
6. BUSINESS PHYSICAL ADDRESS 100 Graves Creek Rd
7. BUSINESS MAILING ADDRESS PO Box 1310
8. BUSINESS TELEPHONE NUMBER (406) 827-9853 FAX (406) 827-9854
9. BUSINESS EMAIL ADDRESS Buildingbridges@blackfoot.net
10. BUSINESS WEB SITE: Buildingbridgesinc.net

Would you like your website address listed on the Montana Board of Private Adolescent Residential or Outdoor Programs Website? ☒ Yes ☐ No

- | LAST NAME | FIRST NAME | MI | PHONE NUMBER | CREDENTIAL NUMBER,
LICENSE NUMBER, & STATE |
|-----------|------------|----|--------------|---|
| FAIRBANK | STEDE | W | 406 827 9853 | MT # 407
NAIL # 011120 |
| FAIRBANK | Till | M | S.A.A. | |
| FAIRBANK | KURT | H | S.A.A. | MT # 1205 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- | | | |
|-----------------|-------------------|----------------------|
| KURTIS FAIRBANK | Clinical Director | 406.827.9853 |
| Name | Position | Contact Phone Number |

- | LAST NAME | FIRST NAME | MI | LICENSE NUMBER, AND
STATE WHERE LICENSED | POSITION |
|-----------|------------|----|---|-------------------------|
| FAIRBANK | STEVE | W | 407 - MT
011120 - WATL | Director |
| FAIRBANK | KURT | H. | | Clinical Director |
| FAIRBANK | GILL | M. | N/A | ADMINISTR ASS. |
| DAY | Jim | | N/A | Director of operations |
| Burwig | Andy | | N/A | Academic
Coordinator |
| | | | | |
| | | | | |

Please make copies of this page as needed.

For the individual named in Question number 12. (person responsible for the conduct of the program), and each current professional and supervisory employee listed in your answer to Question number 13, please list the following: *(Please use the "Individual Employee Report Form" (Page 7) for each person named in question #12 and 13).*

- a. List all other professional licenses (other than your original state of licensure) that the listed individuals have held and that have been current (whether active or inactive) at any time during the past five (5) years. If you need additional space, you may attach a separate sheet of paper. **Failure to list all licenses active or inactive during the previous five years constitutes a falsification of your application and will result in a denial of your application and/or disciplinary action.**
- b. For each individual, professional or supervisory personnel referenced in your answers, indicate whether a licensing agency has ever taken adverse or disciplinary action against the listed person's license. (For each person listed above and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) ☒ Yes ☐ No
- c. For each individual, professional or supervisory personnel referenced above, indicate whether he/she has ever voluntarily surrendered, cancelled forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint, during an investigation or during disciplinary proceedings. (If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.) ☒ Yes ☐ No
- d. Has any legal or disciplinary action been filed against a person/individual referenced above, (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☐ Yes ☒ No

14. Please list whether your program/facility is accredited/certified/licensed/registered; including registration or licensing through another state agency in Montana.

Name of Accrediting/Certifying/Licensing/ Registering Agency	Designation	Date Granted or Re-certified	Current
MT. Registered #10	B.O.P.A.A.R.O.P.	1/26/06	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Please list whether your business entity/program is or has been licensed in another state. List all other professional licenses (other than your original state of licensure) that the listed business entity/program has held and that has been current (whether active or inactive) at any time during the past five (5) years.

Business Name of Program	State in which licensed	Date of licensure	Type of License	License number
<i>Building Bridges</i>	<i>N/A</i>		<i>N.A.T.S.A.P. Cert.</i>	<i>N/A</i>
			<i>Full Member</i>	

16. Has a licensing agency ever taken adverse or disciplinary action against your business entity license? (For each person listed in 12. or 13., and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.)

☐ Yes ☒ No

DECLARATION

As the Person-in-Charge, I authorize the release of information concerning the record, character, license/registration history and competence of this facility, by anyone who might possess such information, to the Montana Board of Private Alternative Adolescent Residential or Outdoor Programs.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or incomplete answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for registration. I accept the rules and procedures outlined in these documents as the basis for this application.


Signature of Person-in-Charge

6/23/08
Date

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INDIVIDUAL EMPLOYEE REPORT FORM

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name STEVE Fairbank

Position OWNER/Director

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
L.A.C.	MT.	ACTIVE #407	1984 - START Expires - 6/30/08
NCAAC.II	National	Active #011120	3/31/96 Expires 3/10

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☒ Yes ☐ No

over 6 yrs ago

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

☒ Yes ☐ No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes ☒ No

Steve Fairbank
Signature

6/23/08
Date

B. State of Montana is holding all documentation from that time period.
See Cynthia Breere if any questions.

C. Result was stipulated on my license that I will not counsel females.
Documents same as above.

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Employee Name KURT FAIRBANK

Position Clinical Director

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
L.A.C.	MONTANA	Active	7/10/07 Exp. 6/30/09

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

☐ Yes ☒ No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes ☒ No

[Signature]
Signature

6/18/08
Date

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Employee Name Jill Fairbank

Position Administrative Assistant

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

☐ Yes ☒ No

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

☐ Yes ☒ No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

☐ Yes ☒ No

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Jill Fairbank
Signature

6-24-08
Date

Related experience;

1987-1993 Administrative Assistant for Wilderness Treatment Center. Duties included; Admissions of patients, office manager, typing dictation, telephones, filing, book keeping/record keeping, scheduling appointments, supervision of dietary and house cleaning staff.

1996- present Administrative Assistant for Building Bridges, Inc. Screening admissions, parent and referent phone communication, maintaining student record, overseeing Academic Coordinator with public school and the student's individual needs, developing and implementing weekly menu and food supplies, staff scheduling, dispensing medication to students, setting appointments for students medical needs, bookkeeping, payroll and also transportation.

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Employee Name Jim Day

Position Director of Operations

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
N/A			

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

☐ Yes ☒ No

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

☐ Yes ☒ No

Jim Day
Signature

6/23/08
Date

Related experience:

Six years experience working with troubled teens in a variety of roles, support staff, transportation, etc. Currently working toward a AA degree in Counseling with overall goal of achieving my license as an Addiction Counselor. Have completed one year successfully.

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Employee Name Amal Buewig

Position Academic Coordinator

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

☐ Yes ☒ No

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

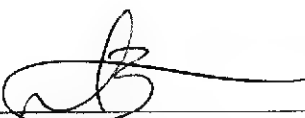
☐ Yes ☒ No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

☐ Yes ☒ No

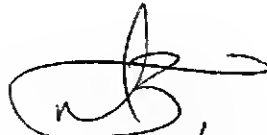
If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.


Signature

6/24/08
Date

Relevant Experience

- 21 months experience working with troubled teens; creating education plans designed to help recover lost time and credits and re-integrate them into the public school system as rapidly as possible.
- Four years experience as a technical trainer creating and implementing technical training to adults and teens.
- Three years counseling adults and teens in employment seeking skills – resume writing, interview skills, letter writing, etc.
- Two years tutoring high school and junior high school students.



6/24/08